Snyder Citi Steel, USA, Inc. James W. Ryan C.A. # 04-970-JJF June 15, 2006 Page 50 Page 52 1 Q. And who is that? INDEX DEPONENT: JAMES W. RYAN **PAGE** 2 A. Patty Stevens. 3 Examination by Ms. Brewington 2 3 Q. Do you recall the content of their Examination by Ms. DiBianca 44 4 conversations? 4 Examination by Ms. Brewington 48 5 A. No. 5 EXHIBITS RYAN DEPOSITION EXHIBITS MARKED 6 Q. Do you know whether she was talking with her 1 E-mail to Jim Ryan from Terri Snyder 7 about health matters? dated January 7, 2003 13 A. No. 8 8 9 And she's the nurse for employees at CitiSteel? 2 Two-page handwritten letter from Terry 9 L. Snyder dated April 8, 2003 10 A. Yes. 10 3 Memo to Note to Terri Snyder File from 11 Q. Do employees go to her for treatment? Jim Ryan dated April 10, 2003 41 12 A. Yes. 11 13 O. You mentioned also that she wasn't a good ERRATA SHEET/DEPONENT'S SIGNATURE PAGE 53 12 14 employee because of numerous irrational requests of CERTIFICATE OF REPORTER PAGE 54 15 you and others. 13 A. Yes. 16 14 17 15 Q. And you gave an example of requesting blank 16 18 forms. Is that correct? 17 19 18 Q. What other numerous requests of you did she 20 19 21 make? 20 21 22 A. I can't recall the others at this time. 22 23 Q. How about the numerous requests of others? 23 24 A. She made other requests for information or Page 51 Page 53 supplies which were not justified. I can't recall 1 specifically what they were. 2 2 Q. Do you recall what kind of information she 3 3 REPLACE THIS PAGE requested? 4 WITH THE ERRATA SHEET A. No. 5 AFTER IT HAS BEEN 6 Q. Was it job-related information? 6 COMPLETED AND SIGNED 7 A. I can't recall. 7 BY THE DEPONENT. 8 MS. BREWINGTON: I don't have anything 8 9 further. 9 10 MS. DiBIANCA: Neither do I. 10 11 (Deposition concluded at 12:40 p.m.) 11 12 12 13 13 14 14 15 15 16 16 17 17 18 18 19 19 20 20 21 21 22 22 23 23 B-0551 24 24

Citi Steel, USA, Inc. Snyder C.A. # 04-970-JJF June 15, 2006 James W. Ryan Page 54 1 State of Delaware ) New Castle County ) 3 CERTIFICATE OF REPORTER 4 5 I, Kurt A. Fetzer, Registered Diplomate Reporter and Notary Public, do hereby certify that there came before me on Thursday, June 15, 2006, the deponent herein, JAMES W. RYAN, who was duly sworn by me and thereafter examined by counsel for the respective parties; that the questions asked of said deponent and the answers given were taken down by me in Stenotype notes and thereafter transcribed by use of computer-aided transcription and computer printer under my direction. I further certify that the foregoing is a true 11 and correct transcript of the testimony given at said examination of said witness. I further certify that I am not counsel, 13 attorney, or relative of either party, or otherwise 14 interested in the event of this suit. 15 16 Kurt A. Fetzer, RDR, CRR 17 Certification No. 100-RPR 18 (Expires January 31, 2008) 19 DATED: 20 21 22

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CONCORD WELLNESS CEL ER L.L.C. PATIENT INFORT TION FORM

Date: 4/22/03	tion Takety By: ASNLLY
Provider . CWC Curchy (U)	wall!
Patient Name: FIRST (SEE)	LAST Snyder
Circle One: Single Married Sepa Street: 30 North Rangey Dr.	•
City/State Zip: Wilmington DE	19809
Home Phone: (303) 762 - 0087 Birth Date: 12	2-20-08 soc. Sec.#: 222-56-3260 → Phone! 302-388-868
May we call you at work?  Yes No  Emergency Contact Person: Clara Snydev	May we leave a message at home? Yes No  Phone: 762-0687
Referred By: 100 (Sondman	Phone No
INSURANCE IN	FORMATION
BCBS of Delaware* Aetna	APS
ComPsych Medicare Other:	Legal Case/ Workers Comp
Policyholder Name: //// Snyder	302-575-0609 or 800 342-2221 Employer: <u>City Strel VSA Inc.</u> ID#_XHP 222563260.
Reason for Appointment: SEXUALLY harrass  VERY down, life has Sto  OCTIVITIES	pped - can't resume normal
Are you/have you seen any other Mental Health Professional?	Yes No M.D., Ph.D., L.C.S.W.
are you take any medications? Yes (No)	, , , , , , , , , , , , , , , , , , , ,
lame of medications:	
PROVIDER INS	TRUCTIONS
OK to Schedule	
☐ Call patient and request additional information:	
☐ Call patient and request additional information:  ☐ Call patient and request additional information:  ☐ Refer this to:  ☐ ACTION T	AKEN B-0559
Scheduled Date of Appointment: Y Scheduled Date of Appointment:	LIM HIZY WEIGHT
	LIM THEY WELL

# CONCORD WELLNESS CENTER, L.LC.

3411Silverside Rd Concord Plaza Baynard Building, Suite 102 Wilmington, DE 19810

	Patient Name Terri Sanda	7	12 5/27/A
	Date of Initial Assessment 428/	03	<u> </u>
÷	Consent Forms Signed Permission to Coordinate Care with PCP? (	(with release signed) (yes) no	
	DEMOGRAPHICS	5 / J. 139 110	
	Birthplace: Willmyngth )	E Date of Birth: 2-20-68	Ane: 34
	Education: HS diplama		
	Occupation: Unemployed  Marital/Relationship Status:  Children: BFX 2/2  Religion:	ham cetintoso	(oca + 1/2 1/20)
	Marital/Relationship Status:	She quit of has	MAAM ON A
	Children: AFA 2/2	years confast da	rassments fing Dince 1996)
	Religion:	' //	
	PRESENTING PROBLEM		
	bling Alkeraller have	assed e waik of	1 1 1
aluda	surg surgery name	assia e ware a	and had to
COLONIA	gun recense of the	10; unemplay	ment has
	- A Comment	se employer	said sho
	gut ( Jeru Stat	ed Alo Lino o Jos	minated,
	because she wa	s being forced	to transfer.
	Volice wasn't Jolla	ACO LUNA TILLAR	sment change
Ĭ	Was mentioned History of Presenting Problem (onset, prior ep	isoder, etc.) , NM	sment dange Ying, mad, upset.
	Maro.		
	Toolee	B-0560	D.0644

	Pauent Name TAY	isnydo	V	D#2015	63260 Page 2 of 9
	Contributing Factors (Are there stressors exacerba)	ing presenting according	ski. O t		
					ng problems in functioning, occupational.
	attin Tem	conhelid	Im Br	= @ wh	at was happening seed but I made
	1 @ week	- inte	Weln "	P. Denie	Wed Iret 1
	AXIS I SCREENING	1 39.	Jaco	Cegron	Jack Day V Made
	Symptom	Absent	T	T	
	Depression	Auscin	Present	Past	<u>Details</u>
	Depressed Mood		ļ		
	Irritable Mood				· · · · · · · · · · · · · · · · · · ·
	Sleep Disturbance		1/		
	Difficulty concentrating				
	Decreased interest in sex-				
1	Appetite (increase/decrease)	WAR			
λ	Weight loss/gain		MA	diet M	10.1 / 2010000 1
$M_0$ 0 $M_{\odot}$	Decreased energy	1	- UV \	CARA I	aw faring so lbs in 24
work at	Anhedonia		<del> </del>		
o Ma	Manic Episodes				•
$\sim$					
W. W	Periods of Increased Energy			il. Il	
$\mathcal{M}_{\mathcal{N}}$	Periods of Decreased Need		0.0	issitily "	
~	for Sleep		1/4	1331"	eneralistic personality
, 4	Impulsive spending, sex.		\"		Mary Jan Suranta
	projects				spends month & siles al
	Obsessive-Compulsive				Mana I Tranger (1900) ac
	Disorder	[			
	Checking behavior	— <del></del>	<del></del>		*
	Washing behavior				
	Mental reviewing			·	
	Other obsessions				
					A Secretary of
	Other compulsions				
	Social Phobia				
1	General anxiety in social		. [	12011 110	ntly of wach stress
ļ	settings		ans	NYA AUUN	MULL OF WALL PROPERTY
<u>.</u>	Public speaking			<u> </u>	A works the way
!	Situational Phobia		-		
Ī	Heights, closed in spaces,				
1	medical phobias, etc.			1	
	(specify)				:
Ī	Panic Disorder				
ļ. !	Panic attacks				
<u>.</u>		-V/			
1	Anticipatory Fear				
1	Agoraphobia				A State of the Sta
; L.	Psychotic Disorders				The second section is a second section of
	Hallucinations	1/	-		
:	Delusions				
	Paranoia				LUXINET BUNDALLE
	Eating Disorder				WHILE & MICHOELS, SCAVED
_	Preoccupation with Weight				would knightens, scared
	Bingeing			l	remode a al an ino pe work
<u> </u>		<del></del>			VOILING C. ST ON THOU MA
	Restriction of intake of food				(a) ella line
	Purging/Overexercising/	1	- T		TC TO (MONTH !)
	Laxatives/Diuretics .				
	_	1			
	=				$\sigma$

Presence of PTSD symptoms:

Patient Name CVV SNYCOV D#27053000 Page 9 of 9
DIAGNOSIS
Axis I MODEGNESSIVE D/U NOS ROGAD
Axis II Adjustment D/O R/O OCD
Axis III Pack PXS - Scoliosis
Axis IV moderate: wach happassment & unemplate
Axis V ( )
Current GAF: W Highest in Past Year: 15

Signature Conthea Mught, Pont

Case 1:04-cv-00970-JJF Document 100-12 Filed 12/27/2006 Page 13 of 50 M m range FAX: (302) 411-4761 एक्का हार-एका Behavioral Health and PCP Coordination of Lare Form Request for Initial Therapy & Medication Management Anthorization Date requested for authorization: 4/08/03 Date of Initial visit: Today's Date: Check one: Minital OutPatient Therapy or Medication Management | Continuing Therapy (complete Treatment Plan) ELIGIBILITY INFORMATION CONFIRMED BY BCBSD CUSTOMER SERVICE Policy Type: (check one): HMO THP ☐ POS TRAD Patient Name: Tech Souder Subscriber 111#: XHP 222 56 3 2400 Patient Date of Blith: Effective Date of Policy: Pro-existing clause waived? 

Yes No Not Applicable (Effective date over 18 months prior to present) PROVIDER INFORMATION Provider Name: (\*())(1 - ( FAX Number: 477 DIAGNOSES: (please enter code numbers and desc AXIS II: 799.90**)** AXIS III · 7 AXIS IV: Problems with primary support group Problems related to acidal environment ☐ Educational problems Socupational problems Housing problems Economic problems Problems with access to health services Problems with legal system/crime. Other psychosocial or environmental problems AXIS V: Current GAF: \_\_\_\_\_ Best Last Year: \_\_\_\_ CURRENT PSYCHIATRIC MEDICATIONS Prescriber Medication Dosage Frequency of Use PREVIOUS TREATMENT/SAFETY ISSUES SUBSTANCE ABOSE Previous Inpatient: Alcohol: Uso czudA 🔲 Dependence Previous Partial: Drug Uus □ Abuzo Dependence Previous Outpatient: Current Treatment: Current Danger of Physical Harm? TYes Tho Previous Treatment: Is Treatment Court-Ordered for Mental Health or Substance Abuse? BRIEF DESCRIPTION OF TREATMENT ISSUES PCP NAME: DATE THIS FORM WAS SENT TO PCP: Number of sessions requested (8 maximum): for AFull Sessions O Medication Management

Case Manager.

# of Sessions: \_\_\_\_ for D Full Sessions D Medication Management

DO NOT WRITE BELOW THIS LINE ----

Authorization #:

Dutes of Service: \_\_\_\_/

Phone: (302) 421-2500 (800) 421-4577 PAX: (302) 421-4761 (800) 686-4823



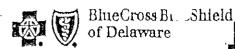


# Behavioral Health Center Treatment Plan - Request for Extension of Outpatient Therapy

Today's Date:	0 10 103 Date requ	ested for this Authorization	: 6 123 103	
	utlon Confirmed by Customer Serv	rice		
Patient Name:	Terri Snyder	Subscriber ID#; 🔀	HP 222563260	•
Patient Date of Bir	th: <u>2120168</u>	Effective Date of Po	olicy://	
Provider Informat	ion	( )	1101	
Provider Name: 🔼	uc-Cynthia Wax	FAX Number:	471-4861	
Diagnoses (please	enter code numbers and descript	ons)	11 / 1 /	,
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AXIS II: (		<u>(,</u> ,		
AXIS III: (	. )			
	Problems with primary support g  Bducational problems  Housing problems  Problems with access to health so  Other psychosocial or environme  Current GAP:  Best Last	Econor Decorate Problem	ns related to social environment tional problems nic problems ns with legal system/crime	
Current Sulcide /	Homicide Risk: 🗆 Yes 🗒 No			
If Yes, Pla	an/Intent:			
Contract i	for Safety:			٠
History of Suicida	l/Homicidal Ideation/Attempts:	Nang.		
annoty Current Stressors Change	s: All pi Clauses warry som warry less against ly-em nues (Domestic violence, etc.): Ca Jan.	ess depres e perahaia ninatean plajer; un estain 6 ja	sed mood, specific fosti variassment emplajed w iture plans	esse Tele
Substance Abuse				
Substance	Length of Use	Current Amount	Frequency of Use	
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Current Medications	A	(E) Ten	ri Snyder
prescriber(s)	Medication	Current Amount	Frequency of Use
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	Remevon	30 mg	HS
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Provider	Treatment Se	tting	
	Trouble Sc	ang	Dates of Service
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Family History of Mental	Health / Substance Abuse	ionia	
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Is the parient on Disability?	Oyas ONO		
	Reason:		
12 are baneur, 2 log i	in jeopardy? (if yes, explai:	n)	
Treatment Plan: MAN IN INCOME Treatment Plan: MAN IN IN IN IN IN IN INCOME Treatment Progress  Primary Symptoms Persist  Somewhat Improved  Much Improved  Expected Treatment Outcome  Reduction in symptoms Return to highest to self-he.  Provide ongoing st Congoing medication.	A COYMA DO NEED MEAR COME (COME (COME AND COME (COME AND COME AND	Ac.): When the state of the sta	
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Dates of Service: /	_/	/ Case Manao	er:
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Phone: (302) 421-2500 (800) 421-4577 FAX: (302) 421-8761

# Behavioral Health Center Treatment Plan - Request for Extension of Outpatient Therapy

	- reaction right request to	i Extension of Output	
T∞day's Date: _	9 12 103 Date requ	ested for this Authorization	: <u>9,16,03</u>
Eligibility Infor	mation Confirmed by Customer Serv		
Patient Name: _	Jerri Smyder	Subscriber ID#; 🔀	HP 222563260
Patient Date of I	Birth: <u>2-120-1/08</u>	Effective Date of Po	olicy://
Provider Inforn	nation	1 F	11-31-1-1
Provider Name:	cwe Cynthia Wa	All FAX Number:	411.4867
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AXIS III	: C. Scoliosis	10 Harnings	n Rod
	Problems with primary support g  Educational problems  Housing problems  Problems with access to health so Softher psychosocial or environme	Econor  arvices Problem  intal problems	ns related to social environment tional problems nic problems ns with legal system/crime
	Current GAP: 52 Best Last	Year: <u>15</u>	
	e/Homledde Risk: 🗆 Yes 🗒 No		
	Plan/Intent:		
	ice for Saicely.	Almy.	
History of Suic	idal/Homicidal Ideation/Attempts: _	11119	
Current Sympto		My Jong	ntration, indecisive
Current Stresso			na secondary
AC SPYLL	ial harrassment cl	X 1 ~ / '	Echial into train
Current Safety	Issues (Domestic violence, etc.):	<u>my rourse (s</u>	Chaigishif ahim)
Substance Abu	ise Hlstory		and the state of t
Substan	cc Length of Use	Current Amount	Frequency of Use
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NOTE: If we example read your handwriting or this form is incomplete, your request will be returned.

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Legal Issues:			5 Å	<del></del>
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Has treatment be	een court ordered? 🗆 Yes	M No		
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Treatment Plan: M	have compa	11 -17 10	escallate Ax	401
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DOCTOR'S PROGRESS NOTES B- 0568

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#### DOCTOR'S PROGRESS NOTES

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### DOCTOR'S PROGRESS NOTES

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DOCTOR'S PROGRESS NOTES B-0571

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#### DOCTOR'S PROGRESS NOTES

PATIENT'	NAME: TEM	Synder	1.0	D.# <u> 222-563260</u>	
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B-0572

### DOCTOR'S PROGRESS NOTES

· PATIENT'S NAME:	Terri Snyder	1,D.#	222563260
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dn	MEDICAL HISTORY (Attainment of the Primary Care Physician: Last complete physical: Surgeries (List separately)	th any lab	results or consult.  Telepho	ation reports as ap ne Number: Outcome	propriate)
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	Chronic illnesses		Self	Family	7
	Diabetes (Lypertension) (Cancer) (Epilepsy/Seizures Asthma Heart Discase Stroke		date of dx)	mam <sup>7</sup> CAUSIA	Family Abbreviacions  M=Mother F=Fastier  MGM=Maternal GM  MGF=Maternal GF  PGM=Paternal G66  PGF=Paternal GF
	Lung Disease (Headaches Migraines Arthritis Other (List) - Other Medical Conditions of C	Concern		Mh	UnUnctris - AmAunits
	Food None Environmental None Other None	known	Yes Desc Yes Desc	oribe: oribe: oribe: oribe:	
	Medications (Prescribed and Courrent (List separately)  APMOVOM WATER CONTROL OF THE CONTROL OF	Dose Prequency  30 mm	inter) Date of Initial Rx	Prescribing MD	Side Effects
	Cotobrex 3 poct	1	years ago	Godinan	B- 0574

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Tobacco
Amount of use: TALMAN AN CLIT PARA ham 1 / 1
Frequency of use: Vigoro Journal National March 1011
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Amount of use: Frequency of use:

Other Substance Use (abuse of Over-the-Counter/prescription drugs)

P-0659

B-0575

Patient Name CVI SNYCLV ID#222563260 Page 6 of 9	
PSYCHIATRIC HISTORY Previous Tx (Include levei of care)  Date Provider of Treatment Response	
Nove	
FAMILY PSYCHIATRIC HISTORY (INCLUDING SUBSTANCE ABUSE)	
7. consins have been commeling (marital) consin (deceased) alcoholic	
cousin (decesed) alcoholic	
DEVELOPMENTAL HISTORY  Prenatal: (difficulties during pregnancy, maternal alc/drug use, complications of childbirth)	
Childhood Development:  (developmental milestones, health problems)	
I was a "wild child" The only child	
B-0576	
FAMILY HISTORY  (family structure, parents' relationship with one another, changing living situations, past/current relationships with family members)	
Parents never married; lived up mem mostly, their dad, had eventually married another of half was welly married another of half was welly best friends (academic difficulties, special placements, school refusal, discipline problems, last grade completed)	j
ad was irresponsible) Parents are my "best priend	10
ACADEMIC HISTORY Selection of the Court of t	Č
School was cool ~ lody cast for I year, embarra	<u> 21</u>
School was cool ~ lody cast for I year, embarras a didn't went to return to school. Went to might school for 2415 to receive a diploma	

Patient Name PN SN QV ID# 202 5 3260 Page 7 of 9 SOCIAL HISTORY Never married; don't have the desire. Current longtorm rela. Since 1996 ~ exclusive of BFX 2/12 years. Bad relation past. BF tries & No children, be controlling, but don't let him occupational History

(military, job history, reasons for leaving, ever fired)

Sel Park (accounding) X 3 years, walked wask

1st USA, Citi steel X 1/2 years, wanted in dads write palms B-0577 Nolle processed ~ 2 Duis 1991 : 1994

Page 27 of 50

LEGAL HISTORY:
(arrests, convictions, DUI's, violent crimes, civil legal involvement in lawsuits)

Dondbly Conduct in past (fighting of BF while during Noble Mander's program, last license for your other information:

Jules in manis house, in apartment upstacis
(BF lives in his own apt elsewhere).

CLIENT'S GOALS FOR TREATMENT

Joget Hongh my fan (of my employer)

Patient Name TCVV 5M	jder -	ID# # # 33563260 Page 8 of 9
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#### MENTAL STATUS EXAM

General Appearance	c and Behavior
Appearance:	neat uncticulous, casual, careless, disorderly,
Cooperation:	normal, suggestible, unusually compliant, cooperative, passive, uncooperative, negativistic,
	threatening.
Eye Contact:	pormal increased decreased
Manner:	appropriate dramatic, spontaneous, inhibited anxious, irritable, hostile, agitated, guarded.
	suspicibus, boastful, seductive.
Motor Activity:	suspicious, boastful, seductive, normal, agitated, hyperactive mildly increased, mildly decreased, akinetic, aimless, assaultive.
	destructive, rigid, mannerisms, posturing, echopraxia, self exposure, abnormal movements (e.g., uc.
	pill-rolling or other tremor, bradykinesia, choreoathetoid movements).
Self Care Functions:	unremarkable and adequate, non-ambulatory, incontinent, marginal,
	The state of the s
Speech	
Form:	
rorut.	normal, coherent, circumstantial, tangential, toose associations, flight of ideas, incoherent, slurred.
Content:	clanging, word-salad, echolalia, perseverative, evasive, vague,
Content.	relevant, distractible, confabulations, irrelevant, neologisms, profanity,
Affective Status	
Range:	normal-expansive, labile, constricted, blunted, flat,
Appropriateness:	appropriate to thought processes, inappropriate to thought processes,
Mood:	normal, manic, clated, indifferent, depressed, anhedonic, anxious, angry,
Thought Processes	
Dissociative	(absolut, flashbacks, depersonalization, derealization, déjà vu, jamais vu, alters, lost time,
Phenomena:	
Delusions:	(ansetnt, influence, alienation, ideas of reference, somatic, paranoid, grandiose, nihilistic, religious,
	thought broadcasting, insertion, derailment,
Hallucinations/	thought broadcasting, insertion, derailment,
Illusions:	
ŕ	
Cognitive Status	_
Level of consciousness:	Glerk drowsy, lethargic, stuporous
Orientation:	Spriented, disoriented to person/place/time
Attention:	intact, decreased (e.g., deficient immediate recall)
Concentration:	Cadequate, inadequate
Метогу:	Cintagl, deficits in immediate, working and/or remote
Intelligence:	(average, superior, above/below average, retarded
Judgment and Insigh	<u>nt</u>
Judgment in regard to	(average, good, impaired, poor
chief complaint	2-7x
Common Sense:	average, good, impaired, poor
Impulse Control:	average, good, impaired, poor
insight	average good impaired poor

DOCTOR'S PROGRESS NOTES

B-0579

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### DOCTOR'S PROGRESS NOTES ...

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Case 1:04-cv-00970ARGE BROWSERIMINA	TIONiled 12/27/2006	AGER CO	je 34 of 50se number		
This form is affected by the Privacy Act of 1974; See Privacompleting this form.	cy Act Statement before	FEP EEO			
DDOL Labor Law Enforcement Se State or local Agence			and EEOC		
NAME (Indicate Mr., Ms., Mrs.)		HOME TE	LEPHONE (Include Area Code		
Ms. Perry L. Snyder			02) 762-0687		
STREET ADDRESS CITY, STATE A	ND ZIP CODE	' \ \	DATE OF BIR		
30 North Rodney Drive, Wilmington, D			12/20/196		
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRI					
	NUMBER OF EMPLOYEES, M		TELEPHONE (Include Area Cod		
Citisteel U.S.A. Inc.			(302) 792-5447		
4001 Philadelphia Pike, Claymont, DE		· · · · · · · · · · · · · · · · · · ·	COUNTY		
NAME	19107	TELEPHON	IE NUMBER <i>(Include Area Code</i>		
		7 916			
STREET ADDRESS CITY, STATE A	ND ZIP CODE	eward.	COUNTY		
GAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))		DATE D	STATE TO STATE OF THE STATE OF		
RACE COLOR X SEX RELIGION	NATIONAL ORIGIN	EARLIEST			
▼ RETALIATION ☐ AGE ☐ DISABILITY ☐ OTHER	HER (Spec1fy)	i	/2001 04/10/200		
THE PARTICULARS ARE (If additional space is needed, attach ex		X Co	NTINUING ACTION		
I. I began working for Respondent as a temporary employee on or about August 3, 2001, and became a permanent employee on or about September 17, 2001. On or about April 10, 2003, I was discharged. My gender is Female.  II. On my second day of work, my General Supervisor, Randolph Harris (Male), told me, "I'm going to take you out for a beer sometime." I didn't think anything of it at first, but within a month he was asking me to go away with him. I never said anything to anyone because at this point, it was his word against mine. I kept saying no, but it didn't start bothering me until he started touching me and making lewd comments in mid-2002. He would grab my cheek, stroke my hair, lean in too close to smell my perfume, etc. Sometimes he would stand in my doorway and just stare at me, which made me very uncomfortable. If I had to leave my office while he was there, I'd ask him to step out of the way, but he would not, so I would end up brushing against him. Although I would tell him to stop, he'd say he would, but wouldn't. On January 7, 2003, he explicitly asked me to wear a dress with no panties underneath.  III. I complained formally to Respondent on April 8, 2003. The previous day, I had been harassed yet again, and was at the point that I could not take any more. I formally complained to Dennis Ford, one of					
<pre>my supervisors. I told him that I'd  ** Text is Continued on Attached Shee</pre>	et(s) **				
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my		ry for Sta	te and Local Requirements)		
address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.	I swear or affirm that I		the above charge and that edge, information and belief		
I declare under penalty of perjury that the foregoing is true and correct.	SIGNATURE OF COMPL	TNANI			
4-29-03 Tem L. Snyder	SUBSCRIBED AND SW (Month, day and year)		BEFORE ME THIS DATE		
Date Charging Party (Signature)		D'	131 <u> </u>		

B-0584

COPY

Apr 29 15:49 2003 CP Initials

15

Chg # 170A301241, Attachment Page 1

Equal Employment Opportunity Commission Form 5 - Charge of Discrimination, Additional Text

Harris. He told me he didn't believe Randolph would ask me to wear a dress with no panties. He told me he would contact Jerry Downie, Director of Human Resources, and that after he notified HR I shouldn't talk about the situation with anyone. I was asked to come to HR, and submit a written statement, which I did.

- IV. Although Respondent promised to investigate, the process they were supposed to follow was not followed. I was then notified the following day that I had to transfer to another position. I refused, since I felt I did nothing wrong, but Respondent kept begging me to take it, but refused to put the offer in writing as I asked. I then ended the meeting, because I was uncomfortable being there without a witness. I was then told to take the rest of the day off to consider their offer, but Jerry Downie called my house numerous times before I got home, asking me to call immediately. When I did, I was asked to be ready for a meeting the following day, April 10, in Personnel. Respondent would not allow me back into my office at that point. I was informed at that meeting that if I did not transfer I would be considered as voluntarily quitting.
- V. I believe I have been discriminated against, not only because I was sexually harassed, but was also retaliated against for making my complaints, by being discharged, all in willful violation of Title VII of the Civil Rights Act of 1964, as amended.

JOB STATUS REPORT

TIME NAME

: 06/27/2005 11:35

FAX#

TEL# : SER.# : BRO2J2511484

DATE,TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE

06/27 11:34 97314491 00:00:55 03 OK STANDARD ECM



## DIVISION OF EMPLOYMENT AND TRAINING 4425 N. MARKET STREET WILMINGTON, DE 19802 FAX (302) 761-6682



FA	er In	COVER	SHEET

TO: FOURNCED HVAC INC. FAX# (300) 731-4491

FRON VERRI SNYDER

PHONE# (300) 76 = -0687

DATE 6-27-05

COMMENTS

B-0586

TIME NAME

: 06/27/2005 11:33

FAX#

TEL#

SER.# : BRO2J2511484

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Ø6/27 11:31 9475Ø963 00:01:38 03 OΚ STANDARD



### DIVISION OF EMPLOYMENT AND TRAINING 4425 N. MARKET STREET WILMINGTON, DE 19802 FAX (302) 761-6682



# FAIL COVER SHEET

TO:_	20. NAME UNLISTED FAX#(300)475-0963
_	ATIN: HR
FRON	TERRI SNYDER PHONE# (300) 760-0687
DATE	6-27-05
***	COMMENTS
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B-0587

NAME

: 06/27/2005 11:31

FAX# TEL#

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06/27 11:30 914103927267 00:00:47 03 STANDARD ECM.



#### DIVISION OF EMPLOYMENT AND TRAINING 4425 N. MARKET STREET WILMINGTON, DE 19802 FAX (302) 761-6682



## FAL COVER SHEET

TO:	LERUMO	FAX# <u>(410) 39a - 7</u> 26)
_	ATTN: HR	
FROM	TERRY SLYDER	PHONE# <u>(302)</u> 762-0687
	6-27-05	

COMMENTS

Case 1:04-cv-00970-JJF

Document 100-12

Filed 12/27/2006 Page 39 of 50

JOB STATUS REPORT

TIME NAME

: 06/27/2005 11:29

FAX#

TEL# : SER.# : BR02J2511484

DATE,TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE

06/27 11:28 97775502 00:00:28 03 OK STANDARD ECM



### DIVISION OF EMPLOYMENT AND TRAINING 4425 N. MARKET STREET WILMINGTON, DE 19802 FAX (302) 761-6682



## FA ( COVER SHEET

TO: - BUNDAY BREAKFAST MISSION FAX#(302) 777-550
ATTN: ARLENE
FROM TERR'S SNYDER PHONE#(302)162-0687
DATI 6-27-05

#### COMMENTS

SHIFT WORKER

TIME

: 06/27/2005 11:28

NAME FAX#

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SER.# : BRO2J2511484

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#### DIVISION OF EMPLOYMENT AND TRAINING 4425 N. MARKET STREET WILMINGTON, DE 19802 FAX (302) 761-6682



## FA COVER SHEET

TO:_	SANFORD SCHOOL	DL FAX#(302)239-5389
	9TIN: HR	
FROI	: TERRI SNYDER	PHONE# <u>(300)760~068</u> 7
DAT	6-27-05	

B-0590

**COMMENTS** 

Snyder v. CitiSteel 0317

SIRPHONE

TIME

: 06/27/2005 11:27

NAME FAX#

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#### DIVISION OF EMPLOYMENT AND TRAINING 4425 N. MARKET STREET WILMINGTON, DE 19802 FAX (302) 761-6682



#### FAJ COVER SHEET

TO: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>0590</u>
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FROM TERRI SNYDER PHONE# (302)762-06	82
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#### DIVISION OF EMPLOYMENT AND TRAINING 4425 N. MARKET STREET WILMINGTON, DE 19802 FAX (302) 761-6682



## FAIL COVER SHEET

TO:_	DO. NAME UNLISTED FAX# (302)793-1188
	ATIN: HR
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DATI	6-27-05

COMMENTS

B-0592

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06/27 11:23 93683694 00:00:29 03 STANDARD



#### DIVISION OF EMPLOYMENT AND TRAINING 4425 N. MARKET STREET WILMINGTON, DE 19802 FAX (302) 761-6682



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TO: 1 fillies & COHEN ASS, FAX# (302) 368-3694

FRON TERRI SNYDER PHONE#(300)760-068)

DATE 6-27-05

B-0593

**COMMENTS** 

Snyder v. CitiSteel

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TIME

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#### 1-IVISION OF EMPLOYMENT AND TRAINING 4425 N. MARKET STREET WILMINGTON, DE 19802 FAX (302) 761-6682



#### FAY COVER SHEET

то:(	O. NAME UNLISTED	FAX# <u>(302)655 · 1102</u>
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TIME NAME

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### DIVISION OF EMPLOYMENT AND TRAINING 4425 N. MARKET STREET WILMINGTON, DE 19802 FAX (302) 761-6682



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- GTN: HR	
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TIME NAME

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### DIVISION OF EMPLOYMENT AND TRAINING 4425 N. MARKET STREET WILMINGTON, DE 19802 FAX (302) 761-6682



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то:	1.0. NAME UNLISTED FAX#(302)652-2556
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#### 1 IVISION OF EMPLOYMENT AND TRAINING 4425 N. MARKET STREET WILMINGTON, DE 19802 FAX (302) 761-6682



#### FAX COVER SHEET

TO: ( 2. NAME UN	LÎSTED	FAX# <u>(303)764-3630</u>
- TN: HR	<b>&gt;</b>	
FROM TERRÍ	NYDER	PHONE#(302)762-0687
DATE <u>6-27-0</u>	25	

**COMMENTS** B-0597 Snyder v. CitiSteel 0324

TIME : 06/27/2005 11:49

NAME FAX#

TEL# : SER.# : BR02J2511484

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06/27 11:48 96554401 00:00:47 03 OK STANDARD



#### DIVISION OF EMPLOYMENT AND TRAINING 4425 N. MARKET STREET WILMINGTON, DE 19802 FAX (302) 761-6682



### FA COVER SHEET

TO: LO. NAME UNLISTED FAX#(302)655-4401
ATTN , KATHARINE C
FROM: TERRI SNYDER PHONE# (302) 762-0687
DATI 6-27-05

~	COMMENTS	B-0598
K	CLERICAL	Snyder v. CitiSteel 0325

TIME NAME : 05/16/2005 15:56

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05/16 15:55 914108855570 00:00:31 03 OK STANDARD ĔĆM



DIVISION OF EMPLOYMENT AND TRAINING 4425 N. MARKET STREET WILMINGTON, DE 19802 FAX (302) 761-6682



FAX COVER SHEET

10: TUG BOAT CO. FAX#(410)885-5570
ATTN: DAN MARINE
FROM: TERRI SUYDER PHONE# (300) 760-0687
DATE: 5-16-05

B-0599

: 05/16/2005 15:53

FAX#

TEL#

SER.# : BRO2J2511484

DATE, TIME FAX NO./NAME DURATION PAGE(S)

05/16 15:52 92928955 00:01:15 03 OK STANDARD



DIVISION OF EMPLOYMENT AND TRAINING 4425 N. MARKET STREET WILMINGTON, DE 19802 FAX (302) 761-6682



# FAX COVER SHEET

TO: CO. NAME UNLISTED
- HUMAN RESOURCES FAX# (302)292-8955
FROM: TERRI SANDER PHONE# (302) 762-068)
DATE: 5-16-as

COMMENTS RECEPTIONIST

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